

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ragae Ghabrial et al

Serial No.: 10/749,192

Art Unit: 1616

Filed : 12/31/2003

Examiner:

For : METHOD FOR INCORPORATION OF BIOACTIVES INTO A POROUS
HYDOPHOBIC POLYMER SCAFFOLD

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME
AND AUTHORIZATION TO CHARGE
DEPOSIT ACCOUNT THEREFOR

Dear Sir:

Applicant(s) petition(s) the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated 03/10/2004 for four(4) month(s) from 05/10/2004 to 09/10/2004. An Amendment responding to the aforesaid Office Action is being filed concurrently herewith.

Please charge Deposit Account No. 10-0750/LFS5029USNP the sum of \$1,590.00 in the name of Johnson & Johnson for the cost of filing this Petition. Three copies of this Petition are enclosed.

Adjustment date: 07/24/2006 CKHLOK
04/25/2006 INTEFSW 00000438 100750 10749192
03/25/2006 1590.00 LR

Respectfully submitted,

Mark R. Warfield
Reg. No. 33,463
Attorney for Applicant(s)

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-2796
DATE: 04/25/2006

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>07/19/06</u>		2 Serial/Patent # <u>10/749,192</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
<input checked="" type="checkbox"/>	Extension of Time FC 1254	none	04/25/06	\$ 1,590.00	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 1,590.00
10 REASON:		8 TO BE REFUNDED BY:			
	Overpayment	<input checked="" type="checkbox"/>	Treasury Check		
	Duplicate Payment		Credit Deposit A/C #:		
		9	1	0	--
			0	7	5
			0	7	5
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
Filed after the maximum extendable period for response.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Paul Shanoski</u>		TITLE: <u>Senior Attorney</u>			
SIGNATURE: <u><i>Paul Shanoski</i></u>		PHONE: <u>571-272-3225</u>			
OFFICE: <u>Office of Petitions</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: <u><i>CFH/K</i></u>		DATE: <u>7/24/06</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**